

# APPLICANT BACKGROUND CHECK

## Section One: Applicant Information

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ DL/ID Number: \_\_\_\_\_ State issuing: \_\_\_\_\_  
Sex: ☐ Male ☐ Female Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Home/Mailing Address: \_\_\_\_\_

## Section Two: Agency Information (Completed by Requesting Agency)

Agency Name: \_\_\_\_\_  
Agency ORI: \_\_\_\_\_ Agency Facility Number: \_\_\_\_\_  
Reason Fingerprinted: ☐ Self ☐ Employment ☐ Volunteer State Statute: \_\_\_\_\_  
Point of Contact with Agency: \_\_\_\_\_  
Phone: \_\_\_\_\_ EMAIL Address: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
Original TCN: \_\_\_\_\_ (If resubmission for rejected fingerprints)

## Section Three: Type of Background Check

☐ State Only ☐ State and Federal ☐ Central Abuse ☐ NCPA/VCA ☐ State/Fed with Facility #  
☐ RESULTS WILL BE SENT TO AGENCY ADDRESS  
☐ RESULTS WILL BE SENT TO HOME/MAILING ADDRESS

## Section Four: For L1 Representative Only

Date of Livescan: \_\_\_\_\_ Amount Charged for Service: \_\_\_\_\_  
Paid by: ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard ☐ Billing Account: \_\_\_\_\_  
TCN: \_\_\_\_\_

☐ I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION, I HAVE FINGERPRINTED THE SAME PERSON.

Printed Name of Enrollment Officer: \_\_\_\_\_

Signature of Enrollment Officer: \_\_\_\_\_